

# **Encounter Keys**

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## **Sleep Studies**

Beginning November 1, 2003, AHCCCS began coverage of outpatient Sleep Studies/EEGs at non-hospital facilities. AHCCCS will only register providers for these services if they meet one of the following requirements:



- •Independent Diagnostic Testing Facilities (IDTF) licensed by ADHS and accredited by the American Academy of Sleep Medicine or,
- The facility has a Medical Director who is certified by the American Board of Sleep Medicine, and has a managing sleep technician who is registered by the Board of Registered Polysomnographic Technologists.
- •For sleep EEGs only, an ADHS license is not required but the physician must be a Board Certified Neurologist.

AHCCCS does not cover sleep studies performed in a home or mobile unit. AHCCCS does not cover pulse oximetry alone as a sleep study.

#### Covered CPT codes:

**95805** Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness

**95806** Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, unattended by a technologist **95807** Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist **95808** Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist

**95810** Polysomnography sleep staging with 4 or more additional parameters of sleep, attended by a technologist

**95811** Sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist

**95812** Electroencephalogram (EEG) extended monitoring; 41-60 minutes

**95813** Electroencephalogram extended monitoring greater than one hour

**95816** Electroencephalogram (EEG); including recording awake and drowsy

**95819** Electroencephalogram (EEG); including recording awake and asleep

95822 Electroencephalogram (EEG); recording in coma or sleep only

95827 Electroencephalogram (EEG); all night recording



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#### **DILEMMAS**

For the months of November and December the following error code conditions are not subject to sanction.

S385—Service Units Exceed Maximum Allowed (8XXXX procedure codes and service units less than twice the limit)

S386—Maximum Anesthesia Units Exceeded (Service units less than twice the limit)

## The following error codes are only for ADHS 079873:

H280—Encounter Not Eligible to Adjust

A951—Force Pend for Contractor Corrections

R660—DHS MHS Enc RCP must be on MHS Enrollment

V411—Recipient's Age Is Greater Than Maximum for Specified Procedure



## NURSING FACILITIES HIPAA CROSSWALK

Effective for dates of service on and after October 1, 2003 the new Revenue Codes for Nursing Facilities are:

INST	EAD OF	USE	
070	ICF MR	190 Subacute General	
072	ICF	191 Subacute Care Level I	
073	SNF 1	192 Subacute Care Level II	
074	SNF 2	193 Subacute Care Level III	
075	SNF VD	194 Subacute Care Level IV	
076	Respite	199 Other Subacute Care	

### <u>UPDATES</u>

#### **MODIFIER GT ADDED**

The modifier GT (Telemedicine) has been added to the following procedure codes with an effective date of 10/01/2003.

99354—Prolonged Physician Service In The Office Or Other Outpatient

99355—Prolonged Physician Service In The Office Or Other Outpatient

99358—Prolonged Evaluation And Management Service

99359—Prolonged Evaluation And Management Service Before

#### Vaccine Update

The FFS Pharmacy Group approved the new flu vaccine and the new CPT codes effective 11/15/03. Providers should use:

❖ For vaccine given under the Vaccines for Children (VFC) program October 1, 2003 through November 14, 2003:

**90749-SL** (Unlisted vaccine/ toxoid)

❖ For vaccine given under the Vaccines for Children (VFC) program after November 14,2003:

**90655-SL** (Influenza virus vaccine, split virus, preservative free, for children 6-35 months of age, for intramuscular or jet injection use)

**90656-SL** (Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years of age and above, for intramuscular or jet injection use)

The following procedure codes have new updates.			
Proce Code	dure Descriptions	Effective Date	ChangesAdds
S9379	Home Infusion Therapy, Infusion Therapy, Not Other wise Classified	10/01/2003	Modifier NU (New Equipment)
85097	Bone Marrow, Smear Interpretation		Daily maximum now is 7
	Special Stains (List Separately In Addition To Code) Transthoracic Echocardiography For Congenial Cardiac	10/01/2003	Daily maximum now 7
	Anomalies Duplex Scan of Extremity Veins Including Responses To	01/01/2003	POS 23
	Compression	01/01/2003	POS 31
	Physician Supervision Of A Patient Under Care Of Home Health	01/01/2002	POS 11 & POS 12
	Physician Supervision Of A Patient Under Care Of Home Health	01/01/2002	POS 11 & POS 12
	Physician Supervision of A Hospice Patient (Patient Not Present) 15-29 minutes	01/01/2002	POS 11
99378	Physician Supervision of A Hospice Patient (Patient Not Present) 30 minutes	01/01/2002	POS 11
99379	Physician Supervision of A Nursing Facility Patient (Patient Not Present) 15-29 minutes	01/01/2002	POS 11
99380	Physician Supervision of A Nursing Facility Patient (Patient Not Present) 30 minutes or More	01/01/2002	POS 11
99436	Attendance At Delivery (When Requested By Delivering		
	Physician)	01/01/2003	POS 23

\*Place Of Service (POS)

POS 11 - Office

POS 12 - Home

POS 23 - Emergency Room - Hospital

POS 31 - Skilled Nursing Facility

#### **Place of Service Changes**

- ❖Places of Service 21 (Inpatient), 22 (Outpatient), and 23 (Emergency Room Hospital) for 94010 (Spirometry, Including Graphic Record, Total And Timed VI) and 94762 (Noninvasive Ear Or Pulse Oximetry For Oxygen Saturation) have been end dated with an effective date of service 08/31/2003
- ❖ Place Of Service 12 (Home) has been added for procedure code L1843 Knee Orthosis, Single Upright, Thigh And Calf, With Adjustment; effective date 07/01/2003
- Place Of Service 21 (Inpatient) has been added for procedure code 62252 Reprogramming Of Programmable Cerebrospinal Shunt; effective date 01/01/2003

#### **ICD Coverage Code Change**

ICD-9 Procedure Code: 00.55 (Insertion Of Drug-Eluting Non-Coronary Artery) has a Coverage Code of 01 (Covered Service/Code Available) with an effective date of 07/01/2003

ICD-9 Procedure Code: 36.07 (Insertion of Drug-Eluting Coronary Artery Stent(s)) has a Coverage Code of 01 (Covered Service/Code Available) with an effective date of 04/24/2003

#### **K Code Changes**

The following procedure codes can be used from 10/01/2002 to 12/31/2003. Beginning with dates of service on and after 01/01/2004 these codes will be replaced with associated L codes.

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Procedure Code	Re	placement 1/01/2004
K0556	Addition to Lower Extremity, Below Knee/Above Knee, Custom Fabric	L5673
K0557	Addition to Lower Extremity, Below Knee/Above Knee, Custom Fabric	L5679
K0558	Addition to Lower Extremity, Below Knee/Above Knee, Custom Fabric	L5681
K0559	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabric	L5683

#### **Provider Type 19 Registered Nurse Practitioner**

Procedure codes listed below have been added to the Provider Type Rate Schedule (RF618), effective 07/01/03 for provider type 19 (Registered Nurse Practitioners).

- 93015 Cardiovascular Stress Test Using Maximal Or Submaximal Treadmill
- 93230 Electrocardiographic Monitoring For 24 Hours By Continuous Origin
- 93307 Echocardiography, Transthoracic, Real-Time With Image Documentation
- 93320 Doppler Echocardiography, Pulsed Wave And/Or Continuous Wave
- 93325 Doppler Echocardiography Color Flow Velocity Mapping
- 93350 Echocardiography, Transthoracic, Real-Time With Image Documentation
- 93880 Duplex Scan Of Extracranial Arteries; Complete Bilateral Study
- 93978 Duplex Scan Of Aorta, Inferior Vena Cava, Iliac Vasculature
- 93975 Duplex Scan Of Arterial Inflow And Venous Outflow Of Abdominal
- 93971 Duplex Scan Of Extremity Veins Including Responses To Compression
- 93922 Non-Invasive Physiologic Studies Of Upper Or Lower Extremity Arte
- 93312 Echocardiography, Transesophageal, Real Time With Image Documentation
- 78480 Myocardial Perfusion Study With Ejection Fraction (List Separatel
- 78478 Myocardial Perfusion Study With Wall Motion, Qualitative Or Quantity
- 78465 Myocardial Perfusion Imaging; Tomographic (Spect), Multiple Studies
- J0151 Injection, Adenosine, 90 Mg (Not To Be Used To Report Any Adenosi (100 %)
- A9502 (100 %) Supply Of Radiopharmaceutical Diagnostic Imaging Agent,
- 78464 Myocardial Perfusion Imaging; Tomographic (Spect), Single Study
- 78472 Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Single Study

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#### **Additional Procedure Codes for Certified Nurse-Midwife**

Effective 01/01/2003, the following procedure codes have been added to the provider profile for Certified Nurse-Midwife (Provider Type 09).

76801-Ultrasound, Pregnant Uterus, Real Time With Image Documentation 76802-Ultrasound, Pregnant Uterus, Real Time With Image Documentation 76811-Ultrasound, Pregnant Uterus, Real Time With Image Documentation 76812-Ultrasound, Pregnant Uterus, Real Time With Image Documentation 76817-Ultrasound, Pregnant Uterus, Real Time With Image Documentation

#### **Updates on Revenue Codes to Procedure Codes**

The following information can be found on the Reference Table Revenue Code-To-Procedure Codes (RF773):

Revenue	Procedure	
Code	Code	Description
82X	90935	Hemodialysis Procedure With Single Physician Evaluation
82X	90937	Hemodialysis Procedure Requiring Repeated Evaluation(S)
82X	90999	Unlisted Dialysis Procedure, Inpatient Or Outpatient
83X	90945	Dialysis Procedure Other Than Hemodialysis (Eg, Peritoneal Dialysis
83X	90947	Dialysis Procedure Other Than Hemodialysis (Eg, Peritoneal Dialysis
84X	90945	Dialysis Procedure Other Than Hemodialysis (Eg, Peritoneal Dialysis
84X	90947	Dialysis Procedure Other Than Hemodialysis (Eg, Peritoneal Dialysis
88X	90935	Hemodialysis Procedure With Single Physician Evaluation
88X	90937	Hemodialysis Procedure Requiring Repeated Evaluation(S)
88X	90945	Dialysis Procedure Other Than Hemodialysis (Eg, Peritoneal Dialysis
88X	90947	Dialysis Procedure Other Than Hemodialysis (Eg, Peritoneal Dialysis
88X	90999	Unlisted Dialysis Procedure, Inpatient Or Outpatient
921	54240	Penile Plethysmography
940	90471-90474	Immunization Administration
960-969	10022	Fine Needle Aspiration; With Imaging Guidance
960-969	19102-19103	Biopsy Of Breast; Percutaneous, Needle Core
970-979	10022	Fine Needle Aspiration; With Imaging Guidance
970-979	19102-19103	Biopsy Of Breast; Percutaneous, Needle Core
980-989	10022	Fine Needle Aspiration; With Imaging Guidance
980-989	19102-19103	Biopsy Of Breast; Percutaneous, Needle Core



#### <u>Updates on Revenue Codes to Procedure Codes (Continued)</u>

Revenue	Procedure	
Code	Code	Description
940	10021-69990	Fine Needle Aspiration
320	10022	Fine Needle Aspiration
320	19102-19103	Biopsy Of Breast
320	27096	Injection Procedure
340-349	55873	Cryosurgical Ablation Of The Prostate
350-359	70000 79999	Pneumoencephalography
402	75989	Radiological Guidance
402	76490	Ultrasound Guidance
403	76085	Digitization Of Film Radiographic Images With Computer Analysis
404	78459	Myocardial Imaging, Positron Emission Tomography (Pet), Metabolic
404	78491-78492	Myocardial Imaging, Positron Emission Tomography (Pet), Perfusion
404	78810	Tumor Imaging, Positron Emission Tomography (Pet)
420-429	29065-29590	Application
430-439	29065-29590	Application
440-449	29065-29590	Application
440-449	64550	Application Of Surface (Transcutaneous) Neurostimulator
520-529	64585	Revision Or Removal Of Peripheral Neurostimulator Electrodes
520-529	64590	Incision And Subcutaneous Placement Of Peripheral
	64595	Revision Or Removal Of Peripheral Neurostimulator
	89399	Unlisted Miscellaneous Pathology Test
610-619	76498-76499	Unlisted Magnetic Resonance Procedure
636	79900	Provision Of Therapeutic Radiopharmaceutical(S)
636	90281-90283	Immune Globulin (Ig), Human, For Intramuscular Use
636	90287-90288	Botulinum Antitoxin, Equine, Any Route
636	90291	Cytomegalovirus Immune Globulin (Cmv-Igiv), Human
636	90296	Diptheria Antitoxin, Equine, Any Routine
636	90371	Hepatitis B Immune Globulin (Hbig), Human
636	90375-90376	Rabies Immune Globulin (Rig), Human, For Intramuscular
636	90378-90379	Respiratory Syncytial Virus Immune Globulin
636	90385	Rho(D) Immune Globulin (Rhig), Human, Mini-Dose
636	90389	Tetanus Immune Globulin (Tig), For Intramuscular Use
636	90393	Vaccinia Immune Globulin, Human, For Intramuscular Use
636	90396	Varicella-Zoster Immune Globulin, Human, For Intramuscular
636	90399	Unlisted Immune Globulin
771	90471-90474	Immunization Administration

#### **Updates on Revenue Codes to Procedure Codes (Continued)**

Revenue Code	<b>Procedure Codes</b>	Description
250	C1166	Injection, Cytarabine Liposome Per 10 Mg.
250	C9007-C9008	Baaclofen Intrathecal Screening Kit
254-255	C1200-C1201	Supply Of Radiopharmaceutical Diagnostic Imaging Agent
270-279	E0749-E0757	Osteogenesis Stimulator Electrical, Surgically Implanted
270-279	E0782-E0786	Infusion Supplies
270-279	E1800-E1902	Other Orthopedic Devices
290-299	E0720-E0731	Tens, Two Lead, Localized Stimulation
290-299	E0752-E0757	Implantable Neurostimulator Electrode
290-299	E0776	Infusion Supplies
290-299	E0791	Parenteral Infusion Pump
290-299	E1220-E1230	Wheelchair
290-299	E1399	DME Miscellaneous
290-299	E1340	Equipment
290-299	E1902	Communication Board
300-309	36416 (11-01-02)	Collection Of Capillary Blood Specimen
360	C1088	Laser Optic Treatment System
360-369	C9701-C9703	Stretta System
360-369	C9708	Preview Treatment
360-369	D0000-D9999	Dental Procedures
380-389	C1010-C1022	Whole Blood, Or Red Blood Cells
390-399	C1010-C1022	Whole Blood, Or Red Blood Cells
413	C1300	Hyperbaric Oxygen Under Pressure
450-459		./93-99/99) Dental Procedures
510-519	D0000-D9999 (10/0	1/93-99/99) Dental Procedures
600-609	E0424-E0444	Oxygen And Related Respiratory Equipment
750-759	C9703	Bard Endoscopic Suturing System
946-947	E0180-E0199	Decubitus Care Equipment
946-947	E0249-E0297	Durable Medical Equipment

#### **Encounter Error Code Updates**

- ♦ Effective immediately pended encounters for S386 (Max Anesthesia Units Exceeded) may be overridden per the Health Plan's medical documentation. It is the responsibility of the Plan to verify that the anesthesia units are correct and not the result of keying errors.
- ◆ Edit R295 (Medicare Reported But Not Indicated) has been turned to "Soft" effective immediately. AHCCCS will continue to monitor R295 errors for data integrity.

#### **Update on Reinsurance Error Code**

Reinsurance error code R800 (Enrolled Recipient Not Eligible for Acute RI Beginning 10/01/03) has been turned on hard.

#### **Encounter Manual**

The Encounter Reporting User Manual (January 2001 Edition) Appendix D - Provider File and Appendix E - Reference File Updated August, 2003) has been updated.

http://www.ahcccs.state.az.us/content/downloads/dwnloads.asp

The file names are Appendix\_D.rtf and Appendix\_E.rtf

Also found on the website is the form Pended Encounter Notification.

http://www.ahcccs.state.az.us/Publications/guides

#### **Balanced Budget Act of 1997 (BBA)**

The BBA requires input files from Managed Care Organizations (Health Plans) to be certified. A Data Certification form must be sent **for each file**. The file must be certified by the Chief Executive Officer (CEO), Chief Financial Officer (CFO), **or an individual who has delegated authority to sign for and who reports directly to the CEO or CFO.** 

Information regarding the Data Certification form was e-mailed to all Chief Executive Officer (CEO) and Chief Financial Officers (CFO) September 25, 2003. The Data Certification form may be found on the AHCCCS website. The address is: http://www.ahcccs.state.az.us/Publications/guides.

Currently the interim manual match process requires Encounter staff to match faxed Data Certification forms with submitted encounter files. AHCCCS expects to replace the manual match process with an automated solution in 2004.

#### **Staff Changes**

The Data Analysis & Research Unit (formerly Encounter and Data Validation Unit) would like to welcome the new **Encounter Unit Manager** - **Lydia Ruiz** (602) 417-4602. Ms. Ruiz has worked at AHCCCS almost 20 years and is skilled in the operations of claims, encounters, and testing. She brings with her a great wealth of knowledge of the AHCCCS PMMIS system. We look forward to her sharing her expertise.

